



PTO/SB/06 (08-00)

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PATENT APPLICATION FEE DETERMINATION RECORD  
DIVIDED-VOLTAGE FET POWER AMPLIFIERS

Application or Docket Number

203-1160N

10/602442

Filed: June 24, 2003

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.14(a))		
TOTAL CLAIMS (37 CFR 1.14(c))	1 minus 20 =	* -0-
INDEPENDENT CLAIMS (37 CFR 1.14(d))	1 minus 3 =	* -0-
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.14(d))		

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE	FEE
	\$ 375
x \$ -	0
x -	0
+ -	
TOTAL	375

RATE	FEE
	\$ -
x \$ -	
x -	
+ -	
TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2.  
Amendment by FAX (703) 872-9306

03/31/2004

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.14(c))	* 25	Minus ** 20	= 5
Independent (37 CFR 1.14(d))	* 1	Minus *** 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.14(d))			

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE
	45
x \$ 9-	45
x 43-	0
+ -	
TOTAL	45

RATE	ADDI- TIONAL FEE
x \$ -	
x -	
+ -	
TOTAL	

8-31-04

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.14(c))	* 25	Minus ** 25	=
Independent (37 CFR 1.14(d))	* 1	Minus *** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.14(d))			

RATE	ADDI- TIONAL FEE
x \$ -	
x -	
+ -	
TOTAL	

RATE	ADDI- TIONAL FEE
x \$ -	
x -	
+ -	
TOTAL	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.14(c))	* -	Minus ** -	=
Independent (37 CFR 1.14(d))	* -	Minus *** -	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.14(d))			

RATE	ADDI- TIONAL FEE
x \$ -	
x -	
+ -	
TOTAL	

RATE	ADDI- TIONAL FEE
x \$ -	
x -	
+ -	
TOTAL	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.  
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EXHIBIT E

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